

Hallmark/Westland A608
Destruction Verification and Reimbursement Form

Name of Recipient Agency _____

Participant Number _____

(Only one payment per State)

Commodity	# of Cases Destroyed	Contract #	Destruction Method

(Attach a separate page, or spread sheet, for information that exceeds the capacity of this form)

Witnesses	Print Name	Signature	Date Destruction Observed:
Witness 1			
Witness 2			

Brief Description of Costs to be Reimbursed:	Total Cost

Payee Information:

Name and Title _____

Address _____

Phone Number: _____

To document costs associated with this recall, send this form and attach all original bills/receipts for costs incurred to your State Agency.